

Credit/Debit Card Authority

Visa or MasterCard only*

Name of Policy Owner

Policy number(s) for which this authority applies

Payment type Debit Card Visa MasterCard

Name on Credit/Debit Card

Expiry date

Credit/Debit Card Account number

I/We authorise you, until further notice, to debit my/our credit/debit card account with all amounts which OnePath Life (NZ) Limited may initiate by Credit/Debit Card.

Cardholder's signature

Date

Payment frequency:

Use existing payment date and frequency

OR

Preferred date of first payment Weekly Fortnightly Monthly Half-yearly Annually

* Please note that we only accept Visa or MasterCard. We do not accept American Express, Diner's Club etc.

